

SERFF Tracking Number: TRVE-125336212 State: Arkansas  
 First Filing Company: Travelers Casualty and Surety Company, ... State Tracking Number: AR-PC-07-026580  
 Company Tracking Number: 2007-10-0006  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
 Product Name: Wrap+ MPL Form Filing 2007-10-0006  
 Project Name/Number: Wrap+ MPL Form Filing 2007-10-0006/2007-10-0006

## Filing at a Glance

Companies: Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America

Product Name: Wrap+ MPL Form Filing 2007- SERFF Tr Num: TRVE-125336212 State: Arkansas  
 10-0006

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026580  
 Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 2007-10-0006 State Status:  
 Combinations

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith  
 Roberts, Brittany Yielding

Authors: Socorro Armstrong, Disposition Date: 11/07/2007

Theresa Lavenburg, Michelle Smith

Cotto, Celina Caez

Date Submitted: 10/26/2007 Disposition Status: Approved

Effective Date Requested (New): 11/25/2007

Effective Date (New):

Effective Date Requested (Renewal): 11/25/2007

Effective Date (Renewal):

## General Information

Project Name: Wrap+ MPL Form Filing 2007-10-0006

Status of Filing in Domicile:

Project Number: 2007-10-0006

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/07/2007

State Status Changed: 10/29/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our Company Filing Number: 2007-10-0006

Other Liability – Miscellaneous Professional Liability  
 Form Filing

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194

TRAVELERS CASUALTY AND SURETY COMPANY 3548-19038

<i>SERFF Tracking Number:</i>	<i>TRVE-125336212</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Travelers Casualty and Surety Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026580</i>
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In compliance with the insurance laws and regulations of your state, we submit a change to our Miscellaneous Professional Liability program which was approved by your department on April 7, 2007 under filing number 2007-02-0045.

The enclosed form, MPL-7057 (10-07), will replace our currently filed and approved form MPL 7057 (9-06). The purpose of this filing is to limit the current exclusion.

## Company and Contact

### Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst	MSMITHCO@travelers.com
One Tower Square	(860) 277-2345 [Phone]
Hartford, CT 06183	(860) 235-4951[FAX]

### Filing Company Information

Travelers Casualty and Surety Company	CoCode: 19038	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
2S2B		
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-0179 ext. [Phone]	FEIN Number: 06-6033504	

Travelers Casualty and Surety Company of America	CoCode: 31194	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
2S2B		
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-0179 ext. [Phone]	FEIN Number: 06-0907370	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

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<i>Project Name/Number:</i>	<i>Wrap+ MPL Form Filing 2007-10-0006/2007-10-0006</i>		
<b>Retaliatory?</b>	<b>No</b>		
<b>Fee Explanation:</b>			
<b>Per Company:</b>	<b>No</b>		

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*Product Name:* Wrap+ MPL Form Filing 2007-10-0006  
*Project Name/Number:* Wrap+ MPL Form Filing 2007-10-0006/2007-10-0006

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company	\$50.00	10/26/2007	16337970
Travelers Casualty and Surety Company of America	\$0.00	10/26/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/07/2007	11/07/2007

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## Disposition

Disposition Date: 11/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Product Name: Wrap+ MPL Form Filing 2007-10-0006

Project Name/Number: Wrap+ MPL Form Filing 2007-10-0006/2007-10-0006

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Amend Definition Of Loss And Add Exclusions (Bad, Faith, Bankruptcy, Failure To Maintain Insurance, And Underwriting Exclusions)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Definition Of Loss And Add Exclusions (Bad, Faith, Bankruptcy, Failure To Maintain Insurance, And Underwriting Exclusions)	MPL-7057 (10-07)		Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 MPL-7057 (09-06) Previous Filing #:		MPL-7057(10-07)(2).pdf

ISSUED BY:  
ISSUED TO:

POLICY NO:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMEND DEFINITION OF LOSS AND ADD EXCLUSIONS  
(BAD FAITH, BANKRUPTCY, FAILURE TO MAINTAIN INSURANCE,  
AND UNDERWRITING EXCLUSIONS)**

This endorsement modifies the following coverage:

**Miscellaneous Professional Liability**

It is agreed that:

1. Solely with respect to this endorsement:

“Underwriting Authority” means any activity that the **Insured** and any insurance or reinsurance carrier have agreed the **Insured** is authorized to conduct on behalf of such insurance or reinsurance carrier, including, but not limited to, declining to write, writing and modifying quotes for insurance and issuing and undertaking evidence of insurance on behalf of any insurance or reinsurance carrier(s).

“Underwriting Results” means the performance of any book of business that is based upon any Underwriting Authority.

2. Section II. DEFINITIONS H.1. “**Loss**” is deleted and replaced with the following:

1. civil or criminal fines; sanctions; liquidated damages; payroll or other taxes; penalties; the multiplied portion of any multiplied damage award; any return, withdrawal, restitution or reduction of professional fees, premium, profits or other charges; or damages or types of relief deemed uninsurable under applicable law; or

3. This **Liability Coverage** shall not apply to, and the Company shall have no duty to defend or to pay, advance or reimburse **Defense Expenses** for, any **Claim** based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any actual or alleged:

- a. refusal to pay or any unreasonable delay in paying benefits due under any insurance agreement or benefit plan, including, but not limited to, the failure to provide good faith or fair dealing in the handling of any **Claim** for benefits or performing any obligation or duty arising under any insurance agreement or benefit plan; provided, however, that in the event there is a final adjudication that exonerates the **Insured** of liability with regard to any **Claim** based wholly on such allegations the Company shall reimburse the **Insured** for any **Defense Expenses** that are in excess of the retention and that were paid by the **Insured**;

- b. insolvency, receivership, bankruptcy, liquidation or financial inability to pay, or suspension of payment by any insurance or reinsurance carrier for whom any **Insured** has underwritten insurance coverage; and

- c. intentional decision not to effect or maintain, in whole or in part, any insurance bond, or any decision or advice regarding the type or amount of insurance or bond to buy, or the type of perils to cover.

4. This **Liability Coverage** shall not apply to, and the Company shall have no duty to defend or to pay, advance or reimburse **Defense Expenses** for, any **Claim** made by or on behalf of any insurance or reinsurance carrier(s) that is based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any:

- a. Underwriting Results; or

- b. actual or alleged intentional breach of Underwriting Authority.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on \_\_\_\_\_, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: \_\_\_\_\_  
On behalf of the entity named in  
ITEM 1 of the Declarations.

\_\_\_\_\_  
Authorized Company Representative

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 11/07/2007

**Comments:**

**Attachments:**

2007 PC NAIC Transmittal (generic) (2).pdf  
2007 NAIC Form List.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:** Approved 11/07/2007

**Comments:**

**Attachment:**

AR MPL Endt Filing Ltr.pdf

# Property & Casualty Transmittal Document

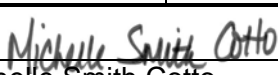
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Travelers Casualty and Surety Co. of America	CT	31194	06-0907370	
Travelers Casualty and Surety Co.	CT	19038	06-6033504	

<b>5. Company Tracking Number</b>	<b>2007-10-0006</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183	Sr. Regulatory Analyst	860-277-2345	866-235-4951	<a href="mailto:msmithco@travelers.com">msmithco@travelers.com</a>
7. Signature of authorized filer				
8. Please print name of authorized filer		Michelle Smith Cotto		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Prof. Liability
<b>11. State Specific Product code(s) (if applicable)</b> [See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	WRAP+ Misc. Professional Liability
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 11/25/07                      Renewal: 11/25/07
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	10/26/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

**Our Company Filing Number: 2007-10-0006**  
**Other Liability – Miscellaneous Professional Liability**  
**Form Filing**

**TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194**  
**TRAVELERS CASUALTY AND SURETY COMPANY 3548-19038**

In compliance with the insurance laws and regulations of your state, we submit a change to our Miscellaneous Professional Liability program which was approved by your department on April 7, 2007 under filing number 2007-02-0045.

The enclosed form, MPL-7057 (10-07), will replace our currently filed and approved form MPL 7057 (9-06). The purpose of this filing is to limit the current exclusion.

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE - Arkansas**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2007-10-0006</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Amend Definition Of Loss And Add Exclusions (Bad, Faith, Bankruptcy, Failure To Maintain Insurance, And Underwriting Exclusions)	MPL-7057 (10-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MPL-7057 (09-06)	AR-PC-07-023712
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



One Tower Square, 2S2  
Hartford, CT 06183

Michelle Smith Cotto  
Travelers Bond and Financial Products  
Phone: (860) 277-2345  
FAX: (866) 235-4951  
Email: msmithco@travelers.com

October 26, 2007

Honorable Mike Pickens  
Commissioner of Insurance  
Arkansas Insurance Dept  
1200 West Third Street  
Little Rock, AR 72201-1904

**Our Company Filing Number: 2007-10-0006**  
**Other Liability – Miscellaneous Professional Liability**  
**Form Filing**

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**Enclosures and Implementation**

The following are enclosed to facilitate your review:

- Form MPL 7057 (10-07)
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after November 25, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

*Michelle Smith Cotto*